BEST AVAILABLE CO

PTO/SB/06 (08-03) Approved for use through 7/31/2006. OMB 0651-0032

OR

OR

TOTAL

ADD'L FEE

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD 839097 2004 Substitute for Form PTO-875 ober OTHER THAN CLAIMS AS FILED - PART I OR SMALL ENTITY SMALL ENTITY (Column 2) (Column 1) FEE RATE RATE NUMBER EXTRA NUMBER FILED FOR BASIC FEE OR (37 CFR 1.16(a)) TOTAL CLAIMS OR minus 20 = (37 CFR 1.16(c)) INDEPENDENT CLAIMS OR minus 3 (37 CFR 1.16(b)) OR (37 CFR 1.16(d)) MULTIPLE DEPENDENT CLAIM PRESENT OR TOTAL TOTAL \* If the difference in column 1 is less than zero, enter \*0" in column 2. CLAIMS AS AMENDED - PART II OTHER THAN OR -SMALL ENTITY SMALL ENTITY (Column 3) (Column 2) (Column 1) HIGHEST ADDI-CLAIMS RATE ADDI-PRESENT RATE NUMBER TIONAL REMAINING TIONAL EXTRA PREVIOUSLY FEE **AFTER** FEE ENT PAID FOR AMENDMENT 8 Minus = Total (37 CFR 1.16(c)) OR ENDM Minus Independent (37 CFR 1.16(b)) OR <u> 150=</u> OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) TOTAL TOTAL ADD'L FEE ADD'L FEE OR (Column 3) (Column 2) (Column 1) HIGHEST ADDI-CLAIMS RATE ADDI-RATE PRESENT NUMBER REMAINING TIONAL TIONAL **EXTRA** PREVIOUSLY **AFTER** EEE FEE PAID FOR AMENDMENT 讪 Minus Total (37 CFR 1.16(c)) OR ENDMI 588 Minus OR OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) TOTAL TOTAL OR ADD'L FEE ADD'L FEE (Column 2) (Column 3) (Column 1) HIGHEST ADDÌ-RATE CLAIMS PRESENT RATE ADDI-NUMBER TIONAL REMAINING O TIONAL **EXTRA** PREVIOUSLY FEE AFTER AMENDMENT FEE AMENDMENT PAID FOR Minus OR Total (37 CFR 1.16(c)) Minus OR

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))

\*\* If the "Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20"

\*\*\* If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3" The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments including gathering, preparing, and submitting the complete application form to the USPTO. Time will vary depending upon the individual case. Any continents on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

TOTAL

ADD'L FEE